

PART B - VER(S) TRANSMITTAL

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### Certificate of Mating or Transmission

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September 13, 2010	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08234430	12/12/1994	GARY K. MICHELSON	101,0023-04000	1041

# TITLE OF INVENTION. METHOD FOR ARTHROSCOPIC MENISCAL REPAIR

APPL. TYPE	SMALL ENTITY	ISSUE FEE PAID	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	09/05/01
EXAMINER		ART UNIT		CLASS/SUBCLASS		

[illegible]

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Authorized Signature: M. J. [Signature] Date: September 13, 2010

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